STST
AVAIL
ABLE (
COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCY ATION SHEET
(FOR USE \ H FORM PTO-875)

SERIAL NO. 10/56/035

FILING DATE

CL.	ΑI	MS
-----	----	----

<u></u>						
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
3	<u> </u>					
	╁	 				
5	 	 				
6	 	 				
7		· · ·		 		
8						
9						
10						
11	 		·			
13	 					
14						
15						
16						
17	 					
18 19		·				
20	 					
21	 					
22						
23						
24	 					
25 26	 					
27						
28						
29						
30						
31 32	 					
33						[
34						
35						
36						
37						
38						
39. 40	ļ					
41						
42						
43						
44						
45						
46 47						
48				 [
49				<u>-</u>		
50						
TOTAL IND.	/	#		4		#
TOTAL DEP	/	4		4		4
TOTAL CLAIMS	2.					

PTO - 1360 (REV. 11/04)

	AS F	ILED	AF 1"AME	TER	AF 2 dame	TER
<u></u>	IND.	DEP.		DEP.	IND.	DEP.
51					at vib.	DEF.
52	 		•			
<u>53</u> 54	 		· · ·			
55	 					
56	 					
57		*				
58						
59			7			
60	 				·	
61		·		<u> </u>		
63		·		· · ·		
64	i					
65						
66						
67						
68 69	<u> </u>					
70						
71						
72						
73						
74.						
75						
76 77						
78						
79						
80						
81						
82 83						
84						
85						
86						
87						
88						
89 90	·					
91						
92		<u>-</u> }-				
93						
94						
95						
96						
97 98						
99						
100						
TOTAL IND.		1		1		1
TOTAL DEP	 J	←		<u>.</u> T		4
TOTAL	Ti					
CLAIMS						
	U -	S. DEPARTA	VENT OF COL	MMERCE	•	